

COASTAL CAROLINA SOCCER CAMP AND ACADEMY 2009 APPLICATION



Mail to: CCSCA • P.O. Box 1754 • Pawleys Island, SC 29585

Complete full application and mail it with a deposit check of \$200 to the above address. Final balance due first day of camp.

Checks payable to CCSC or Visa or MasterCard accepted. Use designated area below for card charges.

Coaches bringing teams of 13 or more players can hold your team space with a non-refundable \$1500 deposit.

Player's Name _____ Birthday _____ Grade Next Fall _____
 Email (required & write clearly) _____ Home Phone _____
 Address/City/State/Zip _____
 Parent/Guardian _____ Work/Cell Phone _____
 Team Name _____ Playing Position _____
 Coaches Name _____ Coaches Email _____

Session 1 July 6-10 (Mon-Fri) Coed Camp

Price

- Advanced Camp for Individual Field Players and Full and Partial Teams (Boys/Girls ages 13-up) **\$479**
- Youth Team Camp for Teams Only (Boys/Girls ages 10-13) **\$479**
- Striker/Attackers Camp for Individuals Full or Partial Team (Boys/Girls ages 12 up) **\$479**
- Elite Keeper Academy for Individuals or GK's attending with a Team (Boys/Girls ages 14 up) **\$599**
- Advanced Keeper Academy for Individuals or GK's attending with a Team (Boys/Girls ages 12-up) **\$489**
- A Coach with less than 13 players, an Additional Coaches or Individual Coach Auditing the Camp **\$295**
Cost for any Session (if space is available)

Session 2 July 12-16 (Sun-Thurs) Coed Camp

Price

- Advanced Camp for Individual Field Players and Full and Partial Teams (Boys/Girls ages 13-up) **\$479**
- Youth Team Camp for Teams Only (Boys/Girls ages 10-13) **\$479**
- Striker/Attackers Camp for Individuals Full or Partial Teams (Boys/Girls ages 12 up) **\$479**

- Advanced Keeper Academy for Individuals or GK's attending with a Team (Boys/Girls ages 12-up) **\$489**
- Elite Keeper Academy for Individuals or GK's attending with a Team (Boys/Girls ages 14 up) **\$599**
- A Coach with less than 13 players, an Additional Coaches or Individual Coach Auditing the Camp **\$295**
Cost for any Session (if space is available)

Session 3 July 19-23 (Sun-Thurs) Coed Camp

Price

- Advanced Camp for Individual Field Players and Full and Partial Teams (Boys/Girls ages 13-up) **\$479**
- Youth Team Camp for Teams Only (Boys/Girls ages 10-13) **\$479**
- Striker/Attackers Camp for Individuals Full or Partial Teams (Boys/Girls ages 12 up) **\$479**
- Elite Keeper Academy for Individuals or GK's attending with a Team (Boys/Girls ages 14 up) **\$599**
- Advanced Keeper Academy for Individuals or GK's attending with a Team (Boys/Girls ages 12-up) **\$489**
- A Coach with less than 13 players, an Additional Coaches or Individual Coach Auditing the Camp **\$295**
Cost for any Session (if space is available)

A CAMPER MUST COMPLETE THE INFORMATION BELOW TO ATTEND:

PAYMENT INFORMATION

- I have enclosed \$25 for an official camp soccer ball in my payment.

Payment amount enclosed:

\$ _____ Check # _____

Amount owed: _____

VISA  MasterCard 

Card # _____

Exp. Date _____
 (\$15 charge per credit card use)

ADDITIONAL INFORMATION

Roommate preference: _____

Medications needed: _____

PARENTAL CONSENT FORM: I/We the undersigned certify that we are the parents/legal guardian of the player. We give permission for the staff of CCSCA to seek, during the period of this program, appropriate medical attention for the player in the event of accident, injury, or illness. We will be responsible for any and all costs of medical attention and treatment, except for that covered by this program's excess medical coverage policy. I/We, the undersigned, for ourselves and as guardian(s) of _____ (player's name) understand that soccer is an active, physical sport and that injuries can take place during play. We also understand that there will be a number of players attending this program, that there will be a limited number of coaches, staff, and counselors, and that our child cannot receive individualized attention and supervision all of the time. We understand that, as with any sport, injuries can occur and hereby acknowledge that our child is physically and mentally capable of participating in the program's activities. We will not hold this program responsible for any preexisting injuries or recurrence of any undisclosed preexisting injury or illness of our child prior to the first day of camp. We represent that we have sought the opinion of our child's physician _____ (name of physician), and he/she concurs that _____ (camper's name) is fully capable of safely engaging in this sport. We, the undersigned, for ourselves, our heirs, executors, and administrators, waive, release, and forever discharge Paul Banta, CCSCA, and its staff, offices, agents, employees, representatives, and successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participation in this program's activities or while at the program, whether or not damages, injuries or loss is due to negligence.

Player Signature _____ Date _____

Parent/Guardian Signature _____ Date _____